

## Clinical Policy Advisory Group (CPAG)

### CLINICAL & GOVERNANCE POLICIES UPDATED EVIDENCE BASED INTERVENTIONS AND LOCAL POLICIES

Research evidence shows that some interventions are not clinically effective or only effective when they are performed in specific circumstances. The purpose of the Evidence Based Interventions (EBI) policy is to clarify the commissioning intentions of the Integrated Care Board (ICB). The ICB will only fund treatment for clinically effective interventions that are then delivered to the appropriate cohort of patients. When updating Clinical Policies CPAG undertakes Stakeholder engagement with Specialists/Consultants/Clinicians.

There were no local clinical or governance policies approved and ratified this month.

### MISCELLANEOUS INFORMATION

Statement	Summary								
<a href="#">Review Date Extension of Clinical Policies</a>	<p>A pause in staff recruitment across the ICB, has resulted in reduced capacity within the Clinical Policies Team including the loss of the Policy writer. As a result, CPAG agreed, a temporary measure be implemented to extend the review period for policies due for review in the next 6 months for a further 12 months. This process started in September 2023 and will be a rolling process which will be repeated until capacity is restored.</p> <p>Assurances have been provided from the relevant clinicians and GP members of Clinical Policy Advisory Group (CPAG) to determine whether it is safe to extend the review date of these policies by 12 months.</p> <p>Stakeholders provided specific assurance that:</p> <ul style="list-style-type: none"> <li>Information within the existing policies does not infringe on patient safety</li> <li>No new or significant evidence published since the policies were last reviewed that would need to be reflected within the policies</li> </ul> <p>The table below provides a breakdown of the policies due for review in the next 6 months that were extended at the May 2024 CPAG meeting:</p> <table border="1"> <thead> <tr> <th>Clinical Policy</th> <th>Last Updated</th> <th>Review Date</th> <th>Revised Extension Date</th> </tr> </thead> <tbody> <tr> <td><a href="#">Surgery for Ganglion Cysts</a></td> <td>October 2021</td> <td>September 2024</td> <td>September 2025</td> </tr> </tbody> </table>	Clinical Policy	Last Updated	Review Date	Revised Extension Date	<a href="#">Surgery for Ganglion Cysts</a>	October 2021	September 2024	September 2025
Clinical Policy	Last Updated	Review Date	Revised Extension Date						
<a href="#">Surgery for Ganglion Cysts</a>	October 2021	September 2024	September 2025						
<a href="#">Individual Funding Requests (IFR) Screening Cases</a>	<p>CPAG reviewed the IFR Screening cases for March 2024 and are assured that no areas for service development have been identified.</p>								

### NICE INTERVENTIONS, DIAGNOSTICS, MEDICAL AND HEALTH TECHNOLOGIES AND INNOVATION PROGRAMMES

The DDICB does not commission and will not fund any procedure or technology assessed by NICE under their IPG, MTG, DTG, MIB or HTE programmes unless:

- the provider has submitted a robust, evidenced based business case to the commissioner and this has been subsequently approved AND
- the NICE IPG states 'use with standard arrangements for clinical governance, consent and audit'
- OR the NICE MTG states 'the case for adoption within the NHS as described is supported by the evidence'
- OR the NICE DTG makes a recommendation as an option for use
- OR the NICE MIB has evaluated the innovation
- OR the NICE HTE has made a recommendation for use while evidence is being generated

The following NICE programme outputs were noted by the group for the month of March 2024:

IPG/MTG/DTG/HTE/MIB	Description	Outcome
HTE5 (update)	<p><a href="#">ProKnow cloud-based system for radiotherapy data storage, communication and management: early value assessment</a></p> <p><u>Update information:</u>  <b>March 2024:</b> The <a href="#">evidence generation plan</a> gives further information on the prioritised evidence gaps and outcomes, ongoing studies and potential real-world data sources. It includes how the evidence gaps could be resolved through real-world evidence studies.</p>	NICE recommends standard arrangements – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE14 (update) (1.1 to 1.5 see specific technology for recommendation)	<p><a href="#">Digital technologies for delivering multidisciplinary weight-management services: early value assessment</a></p> <p><u>Update information:</u>  <b>March 2024:</b> this guidance has been updated to include recommendations for digital weight-management technologies when they are not used to prescribe and monitor weight-management medicine.</p>	NICE recommends standard arrangements (1.1 to 1.5) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval

HTE14 (update) (1.6 to 1.8 see specific technology for recommendation)	<a href="#">Digital technologies for delivering multidisciplinary weight-management services: early value assessment</a>  <u>Update information:</u> <b>March 2024:</b> this guidance has been updated to include recommendations for digital weight-management technologies when they are not used to prescribe and monitor weight-management medicine.	NICE recommends further research (1.6 to 1.8), DDICB do not commission
HTE16 (1.1 to 1.3 see specific technology for recommendation)	<a href="#">Digital technologies for managing non-specific low back pain: early value assessment</a>	NICE recommends standard arrangements (1.1 to 1.3) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE16 (1.4 to 1.6 see specific technology for recommendation)	<a href="#">Digital technologies for managing non-specific low back pain: early value assessment</a>	NICE recommends further research (1.4 to 1.6), DDICB do not commission
HTE17 (Adults 1.1 to 1.3 see specific technology for recommendation)	<a href="#">Digital health technologies to help manage symptoms of psychosis and prevent relapse in adults and young people: early value assessment</a>	NICE recommends standard arrangements (Adults 1.1 to 1.3) – not commissioned without the provider submitting a robust, evidenced based business case to the commissioner and subsequent approval
HTE17 (Young People 1.4 to 1.6 see specific technology for recommendation)	<a href="#">Digital health technologies to help manage symptoms of psychosis and prevent relapse in adults and young people: early value assessment</a>	NICE recommends further research (Young People 1.4 to 1.6), DDICB do not commission

Our ICB continues to monitor and implement IPGs with our main providers.